



United States Department of
Health & Human Services

Phone:

Fax:

Part I: Inquiry Form

To be completed by EEO official with employee or applicant, during initial inquiry

Date of Inquiry Contact:

(date employee or applicant contacted the EEO office):

Method of Contact:

EEO official completing this form:

Employee's/Applicant's Full Name:

Employee's Organization *(if applicant
please provide organization where vacancy occurred)*

Office:

*Division/Branch:
(no abbreviations, please)*

City, State, Zip Code:

E-mail address:

Employee's/Applicant's Home Address *(No
P.O. Box Numbers)*

Street Address:

Apartment No. (if applicable):

City:

State:

Zip Code:

Home E-mail Address:

Employee's Work Phone No.:

Employee's Home Phone No.:

Outcome of the contact:

- ☐ To seek information about the EEO complaint process

To file an EEO complaint *(if selected, please complete **Part II: pre-complaint intake form**
to begin the EEO complaint process)*

To seek information about the Agency Alternative Dispute Resolution (ADR) program.

Date employee/applicant referred to ADR:

I do not wish to officially begin the EEO complaint process at this time.

Should I later decide to officially start the EEO complaint process, I understand that I must contact the EEO office at (301) 827-4840 for filing a pre-complaint, no later than 45 days from either the date of the alleged discriminatory act or the effective date of an alleged discriminatory personnel action.



Phone:

Fax:

Part II: Pre-complaint Intake Form

For aggrieved persons wishing to begin the EEO complaint process, this form should be completed in its entirety

Agency File # : (to be completed by EEO official)

I. Date aggrieved person elected to begin the pre-complaint process (Traditional EEO Counseling) : (The 30 day EEO counseling period (or as extended by agreement of the aggrieved party) commences when the aggrieved person first contacts the EEO Counselor or the appropriate Agency office in which the EEO Counselor works, **and** by exhibiting an intent to begin the EEO process, Pursuant to MD-110 Chapter 2, VI.,C. para 2.)

INITIAL CONTACT DATE:

II. (a) Aggrieved Person's Full Name

(b) Position Title, Pay Plan, Series, Grade/Step:
(e.g. Management Analyst, GS-343-12/4)

(c) Aggrieved Person's Unique Identifier #:

(d) Aggrieved Person's Status
Service Comp Date (SCD):

(please refer to item #37 on your latest SF-50: 8888=NO;
anything other than 8888=YES)

<p>(f) Aggrieved Person's Organization <i>(If <u>applicant</u>, please provide organization where vacancy occurred)</i></p> <p>Office:</p> <p>Division/Branch:</p> <p>City, State, Zip Code:</p> <p>E-mail address:</p>	<p>(g) Aggrieved Person's Home Mailing Address <i>(Street, City, State, Zip Code - No P.O. Box Numbers):</i></p> <p>Street Address:</p> <p>Apartment No. (if applicable):</p> <p>City:</p> <p>State:</p> <p>Zip Code:</p>
<p>(h) Aggrieved Person's Work Phone No.: <i>(include area code):</i></p>	<p>(i) Aggrieved Person's Home Phone No.: <i>(include area code):</i></p>
<p>III. Aggrieved Person's Supervisor <i>(or if <u>applicant</u>, selecting official's name, where vacancy occurred)</i></p> <p>(a) Full Name:</p> <p>(b) Position Title:</p> <p>(c) Area Code - Phone Number:</p> <p>(d) Area Code – Fax Number:</p> <p>(e) Organization:</p> <p>Center/Region/Insitute/Bureau:</p> <p>Office/Division/Branch:</p> <p>Mailcode:</p> <p>Mailing Address:</p> <p>City:</p> <p>State: Zip Code:</p> <p>(f) E-mail address:</p>	<p>IV. Aggrieved Person's Representative or Attorney <i>(if applicable)</i></p> <p>(a) Full Name:</p> <p>(b) Mailing Address:</p> <p>Street:</p> <p>City:</p> <p>State: Zip Code:</p> <p>(c) Area Code - Phone Number:</p> <p>(d) Area Code – Fax:</p> <p>(e) E-mail address:</p>

V. Basis(es):

Please select the basis(es) that pertain(s) to the alleged claim(s) of discrimination only: The aggrieved person feels that they have been discriminated against based on (please check appropriate basis(es)):

Sex (Please select appropriate box)

***Gender** Specify:

Sexual Orientation (DHHS Policy dated December 6, 1993) The EEOC does not have jurisdiction over claims of sexual orientation discrimination.)

Color (pertains to skin color) Specify:

Equal Pay Act:

Disability
Specify:

National Origin (Discrimination because of an individual's or his/her ancestors' place of Origin)Specify:

Age (this basis applies if they are 40 or older)

Date of Birth (provide only if the selected age as a basis):

Religion (The nature of a practice or belief. The phrase religious practice as used in 29 CFR part 1605.1, includes religious observance and practices)

Specify:

Race (Specify):

If they Selected American Indian or Alaska Native, Specify Tribe:

Retaliation/Reprisal (if they select this basis, please provide additional information below, as follows):

Describe the manner in which management has retaliated against them. Please select prior EEO activity:

They filed an informal complaint - Date Filed:

They filed a formal complaint - Date Filed:

They sought assistance from the Union (NTEU) regarding an EEO matter – Date:

They opposed an unlawful discriminatory practice or policy - Date opposed:

Explain the unlawful discriminatory practice you opposed:

N/A. They do not feel that they have been discriminated against on any the bases indicated above.
(They understand that not stating a basis could possibly result in a dismissal, if they proceed with a formal complaint).

VI. Issues of Alleged Discrimination: (check all that apply and date of occurrence)

VII. Responsible Management Officials (RMOs)/Witnesses

(Provide full names, position titles, and phone numbers of the management officials who allegedly engaged in the discriminatory action(s) being reviewed and witnesses who would have first hand knowledge of the discrimination).

(1)
Name:
Position/Title:
Phone# with area code:

(1)
Name:
Position/Title:
Phone# with area code:

(2)
Name:
Position/Title:
Phone # with area code:

(2)
Name:
Position/Title:
Phone # with area code:

(3)
Name:
Position/Title:
Phone # with area code:

(3)
Name:
Position/Title:
Phone # with area code:

VIII. Remedy or Resolution Requested. Please be specific.

(What remedies are they requesting in order to settle the issues at hand or to withdraw this pre-complaint?):

(1)

(2)

(3)

IX. Related EEO/Grievance/Appeal Action:

Have they pursued any of the issues they are raising in this pre-complaint?

(a) in a previous or current EEO complaint? Yes No

(b) in a previous or current negotiated grievance (NTEU process)? Yes No

(c) in a previous or current appeal to the Merit Systems Protection Board? Yes No

(d) If they answered yes to any of the questions above (a-c), please list case #, dates and provide information regarding the status of each complaint, grievance or appeal.

X. Election between traditional EEO Counseling and Alternative Dispute Resolution (ADR) Mediation:

(Please check appropriate boxes below)

They wish to officially begin the EEO complaint process at this time – **TRADITIONAL EEO COUNSELING**

Anonymity: *They have the right to remain anonymous at the pre-complaint stage of the EEO counseling process. Do they wish to remain anonymous? (In some instances, please be aware that anonymity may be impracticable).*

Yes, they wish to remain anonymous. *(They understand this may limit the possibility of resolution)*

No, they waive the right to remain anonymous. They give permission for their name to be used when contacting the Responsible Management or Settlement Officials.

Alternative Dispute Resolution (ADR) - MEDIATION PROCESS

ADR elected -Yes, they are interested in participating in the Mediation process. _____ (date)

☐ ADR declined - They decline to participate in the Mediation process. _____ (date)

¹ **Privacy Act Statement** – Authority: 42 U.S.C. 2000e-16 et seq and 29 CFR 1614.106.

Principle Purpose: Informal and formal taking of allegation of discrimination because of race, color, national origin, religion, sex, age, disability or reprisal.

Routine Uses: This form and the information on this form may be used: (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may be used to respond to general requests for information under the Freedom of Information Act: (b) to respond to requests from legitimate outside individuals or agencies (e.g. Members of Congress, The White House, the Equal Employment Opportunity Commission, or Federal Courts) regarding the status of the complaint or appeal: and (c) to adjudicate complaint or appeal.

Attachments:

My signature below certifies that I provided the relevant information indicated on this form, specifically the basis(es), allegations of discrimination, names of Responsible Management Officials; and that I have made an election to proceed with an informal complaint of discrimination and/or the Alternative Dispute Resolution (ADR) process, as indicated in **Section X** above. I understand that the EEO counseling process requires strict adherence to time deadlines and that my return of this form in a timely fashion will expedite this process within these statutory deadlines. My failure to return these forms may result in an issuance of a Notice to File a Formal Complaint without counseling.

Aggrieved Person's Signature

Date

EEO Official's Signature

Date